



Winnacunnet High School

2 Alumni Drive, Hampton, New Hampshire

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ADMINISTERING MEDICATIONS TO STUDENTS DURING THE SCHOOL DAY SAU 21 PERMISSION TO ADMINISTER MEDICINE IN SCHOOL

Student Name: _____, is required to take, during the school day, the following medicine: **(Must be filled in by the prescriber)**

Medication: _____ Dose: _____ Route: _____

Frequency/Time(s) of day to be taken: _____

Start Date: _____ End Date: _____ Allergies: _____

Diagnosis: _____

Specific Recommendations for Administration: _____

Please Note: If the student listed above is authorized to **self-carry** and use his/her **inhaler** and/or **epipen** in a school setting, please sign the approval in this section.

I, _____ confirm that _____ has the
prescriber signature **student name**

knowledge and skills to safely possess and use an inhaler or epipen (circle one)

parent signature/date

Side Effects or Contraindications: _____

Other Medications Student is Taking: _____

Physicians Signature: _____ Phone # _____ Date: _____

Prescription medicines must be accompanied by a written order from the prescriber. The responsible adult will deliver the medicine to the school nurse in a pharmacy labeled container listing the student's name, the physician's name, the name of the medicine and the instructions. Not more than a 30-day supply will be accepted. The nurse upon receipt will count all medication. Medications prescribed three or less times per day may be given at home.

Over-the-counter medication may be given, if needed, with the written request of the parent/guardian. If the medication is not available through the Health Office, it must be delivered by the responsible adult in its original container. Dosages given will never exceed label directions without a prescribing order.

We, the parents, authorize the school nurse or any other member of the school staff so designated by the building principal to assist* our child in taking the above medication. Any pupil in grades one through twelve may need to be assisted by such persons, and the medication, therefore, shall be in the custody of such persons.

Parent/Guardian Signature: _____ Date: _____

Home Phone # _____ Emergency Phone # _____ Cell # _____

Emergency Contact: _____ Phone #: _____

School: _____

(* Assist means having the required medication available to the child as needed and observing the student as he/she takes or does not take his/her medication. However, if the medication requires administration, that is, the student cannot take the medication by themselves with the assistance described, only the school nurse or an appropriate delegate may administer the prescription.